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FAX NUMBER 15712738300  
FROM Paralegal Department  
DATE 2009-10-27 16:51:06 GMT  
RE Attn: Commissioner for Patents, RE: Docket No. P10922 /  
Revocation & Power of Attorney with Change of Correspondence Address & Statement  
under 37 CFR 3.73(b) Submitted 10/27/2009

## COVER MESSAGE

Cover Message  
(KER)  
Docket No. P10922  
Serial No. 09/783,933

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PTO/SB/21 (07-09)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

	Application Number	09/783,933	
	Filing Date	02-14-2001	
	First Named Inventor	Lance E. Hacking	
	Art Unit	2111	
	Examiner Name	Kenneth S. Kim	
Total Number of Pages In This Submission	3	Attorney Docket Number	P10922

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b) (1 pg.)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b> Authorization to charge and/or credit the Deposit Account 50-0221 for any underpayments or overpayments.		
CUSTOMER NUMBER: 59796		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CUSTOMER NUMBER: 59796		
Signature	/Erik M. Metzger/		
Printed name	Erik M. Metzger		
Date	October 27, 2009	Reg. No.	53,320

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Signature	/Kyrstin Ryan/		
Typed or printed name	Kyrstin Ryan	Date	October 27, 2009

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